

<i>SERFF Tracking Number:</i>	<i>INGD-127125951</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ING Life Insurance and Annuity Company</i>	<i>State Tracking Number:</i>	<i>48514</i>
<i>Company Tracking Number:</i>	<i>E-LIF-10(XC)</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>E-LIF-10(XC)</i>		
<i>Project Name/Number:</i>	<i>E-LIF-10(XC)/E-LIF-10(XC)</i>		

## Filing at a Glance

Company: ING Life Insurance and Annuity Company

Product Name: E-LIF-10(XC)	SERFF Tr Num: INGD-127125951	State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 48514
Sub-TOI: A02.1G.002 Flexible Premium	Co Tr Num: E-LIF-10(XC)	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Nancy Pare, Patricia Smith, Melissa Cheyney	Disposition Date: 04/20/2011
	Date Submitted: 04/18/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: E-LIF-10(XC)	Status of Filing in Domicile: Pending
Project Number: E-LIF-10(XC)	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Our domiciliary state of Connecticut has been filed simultaneously and is pending approval.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 04/20/2011	
State Status Changed: 04/20/2011	Deemer Date:
Created By: Melissa Cheyney	Submitted By: Melissa Cheyney
Corresponding Filing Tracking Number:	
Filing Description:	
RE: ING Life Insurance and Annuity Company	
NAIC #229-86509, FEIN # 71-0294708	
Endorsement: E-LIF-10(XC)	

ING Life Insurance and Annuity Company (ILIAC) is submitting the above-captioned form for the Department's review

<i>SERFF Tracking Number:</i>	<i>INGD-127125951</i>	<i>State:</i>	<i>Arkansas</i>
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and approval. The endorsement is new and contains no unusual or possibly controversial items from normal company or industry standards.

The endorsement is designed for use with the following group combination deferred annuity contracts and certificates, if applicable, (or a state specific version thereof) if such forms were previously approved by your Department: contract and certificate G-CDA(12/99) and C-CDA(12/99) as well as contract and certificate G-CDA-10 and C-CDA-10. In addition, Form E-LIF-10(XC) will endorse any other approved form we may have inadvertently omitted from the above list and future Department approved group variable, fixed, or combination annuity contracts and certificates.

The endorsement provides that the Loan Account will be credited with interest at a rate equal to the Loan Interest Rate. This replaces language indicating that the credited rate for the Loan Account will be no less than the Loan Interest Rate, less 2.5%, on an annual basis. In addition, the endorsement changes the previous loan language which indicated that the Loan Interest Rate on all ERISA loans was adjustable. The endorsement provides that only those Loans with an initial Loan Interest Rate greater than 8% will be adjustable. If the initial Loan Interest Rate is 8% or less, the Loan Interest Rate will be fixed for the term of the loan. The endorsement also provides for a Loan Initiation Fee.

The endorsement is submitted in final printed form, subject to only minor modification in paper stock, ink, border, company logo, typographical errors, adaptation to computer printing and the possible inclusion of a barcode.

We would like to begin using this endorsement as soon as possible and will appreciate review at your earliest convenience. If you have any questions or require additional information, please contact me at (860) 580-2801, toll free at (800) 654-8065 or at [melissa.cheyney@us.ing.com](mailto:melissa.cheyney@us.ing.com). Thank you for your consideration.

## Company and Contact

### Filing Contact Information

Melissa Cheyney, Contract Analyst	<a href="mailto:Melissa.Cheyney@us.ing.com">Melissa.Cheyney@us.ing.com</a>
One Orange Way	860-580-2801 [Phone]
Windsor, CT 06095-4774	860-580-4844 [FAX]

### Filing Company Information

ING Life Insurance and Annuity Company	CoCode: 86509	State of Domicile: Connecticut
One Orange Way	Group Code: 229	Company Type:
Windsor, CT 06095	Group Name:	State ID Number:
(800) 654-8065 ext. [Phone]	FEIN Number: 71-0294708	

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	04/20/2011	04/20/2011

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## Disposition

Disposition Date: 04/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Endorsement		Yes

SERFF Tracking Number: INGD-127125951 State: Arkansas

Filing Company: ING Life Insurance and Annuity Company State Tracking Number: 48514

Company Tracking Number: E-LIF-10(XC)

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable

Product Name: E-LIF-10(XC)

Project Name/Number: E-LIF-10(XC)/E-LIF-10(XC)

## Form Schedule

### Lead Form Number: E-LIF-10(XC)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	E-LIF-10(XC)	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	E-LIF-10(XC).pdf

ING Life Insurance and Annuity Company

ENDORSEMENT

This Contract, and the Certificate, if applicable, are endorsed as follows.

1. Delete the **Loan Account** provision and replace with the following:

The **Loan Account**: An accounting device used to keep a record of loan activity. For each loan, an amount equal to the loan amount is transferred from the Investment Options in which the Individual Account is invested and is credited to the Loan Account. The Loan Account is then credited with interest at a rate equal to the Loan Interest Rate.

2. The **Loan Interest Rate** provision is deleted and replaced with the following:

**Loan Interest Rate**: The Company will set a Loan Interest Rate on the first business day of each month. The interest rate will be equal to the Moody's Average Corporates for the calendar month beginning two months before the Loan Interest Rate is effective.

If the interest rate is 8% or less, the rate will be fixed for the term of the loan.

An adjustable interest rate will be applied if the initial interest rate exceeds 8%. The initial interest rate will be effective for a period of not less than three months and not more than one year. The initial interest rate and the period for which it will apply will be specified in the loan agreement. For each subsequent period, the interest rate is adjusted if the new rate is at least 0.5% higher or lower than the current rate. We will provide Participants with reasonable notification of any change in the Loan Interest Rate.

3. Add the following:

**Loan Initiation Fee**: Loans which are effective on and after the effective date of this endorsement will be subject to a fee for loan initiation. This fee will not exceed \$100 per loan. The initiation fee will be deducted from the vested Individual Account value during the first month of the loan period.

The Company reserves the right to change the fees charged for loan initiation, but not to exceed \$100 per loan.

Endorsed and made a part of the Contract, and the Certificate, if applicable, on the Effective Date of the Contract and Certificate.



President  
ING Life Insurance and Annuity Company



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b> Attached is the compliance certification.		
<b>Attachment:</b> AR Cert.pdf		

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

CARRIER: ING Life Insurance and Annuity Company

FORM NUMBER(S)

FORM TITLE(S)

E-LIF-10(XC)

Endorsement

I hereby certify that to the best of my knowledge and belief the above form submission complies with Rule and Regulation 19s10 as well as all applicable requirements for the State of Arkansas.



\_\_\_\_\_  
Signature of Officer or Representative

Melissa V. Cheyney

\_\_\_\_\_  
Name

Contract Analyst

\_\_\_\_\_  
Title and/or Business Affiliation

April 18, 2011

\_\_\_\_\_  
Date